

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/447,554	11/23/99	382	2721	104184

APPLICANT	ZHIGANG FAN, WEBSTER, NY; RICARDO L. DE QUEIROZ, PITTSFORD, NY.
	<p>**CONTINUING DOMESTIC DATA*****</p> <p>VERIFIED</p> <p><i>Ja NONE</i></p>
	<p>**371 (NAT'L STAGE) DATA*****</p> <p>VERIFIED</p> <p><i>Ja NONE</i></p>
	<p>**FOREIGN APPLICATIONS*****</p> <p>VERIFIED</p> <p><i>Ja NONE</i></p>

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 01/10/00

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<p><i>Ja</i></p> <p>Examiner's Initials _____ Initials _____</p>	NY	7	20	2

ADDRESS	OLIFF & BERRIDGE PLC
	P.O. BOX 19928
	ALEXANDRIA VA 22320

TITLE	MAXIMUM LIKELIHOOD ESTIMATION OF JPEG QUANTIZATION VALUES

FILING FEE RECEIVED	<p>FEES: Authority has been given in Paper</p> <p>No. _____ to charge/credit DEPOSIT ACCOUNT</p> <p>NO. _____ for the following:</p>	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
\$760		



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 3958

SERIAL NUMBER 09/447,554	FILING DATE 11/23/1999  RULE	CLASS 382	GROUP ART UNIT 2623	ATTORNEY DOCKET NO. 104184
APPLICANTS  ZHIGANG FAN, WEBSTER, NY;  RICARDO L. DE QUEIROZ, PITTSFORD, NY;  ** CONTINUING DATA *****  ** FOREIGN APPLICATIONS *****  IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/10/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged	<input type="checkbox"/> Allowance Examiner's Signature _____ Initials _____	STATE OR  COUNTRY NY	SHEETS  DRAWING 7	TOTAL  CLAIMS 20
ADDRESS OLIFF & BERRIDGE PLC P.O. BOX 19928 ALEXANDRIA , VA 22320				
TITLE MAXIMUM LIKELIHOOD ESTIMATION OF JPEG QUANTIZATION VALUES				
FILING FEE  RECEIVED 796	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____	